

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2012
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF VALPARAISO		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 VALE PARK RD VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Licensure Survey.</p> <p>Survey Dates: November 13 & 14, 2012</p> <p>Facility Number: 012181 Provider Number: 012181 AIM Number: N/A</p> <p>Surveyor: Heather Tuttle R.N.</p> <p>Census Bed type: 95 Residential 95 Total</p> <p>Census Payor Type 95 Other 95 Total</p> <p>Sample: 10</p> <p>Rittenhouse Senior Living of Valparaiso was found to be in compliance with 410 IAC 16.2 in regard to the State Licensure Survey.</p> <p>Quality review 11/15/12 by Suzanne Williams, RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

THD711

If continuation sheet 1 of 1